

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 594877

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1		51						
2		①		1			52						
3		1		1			53						
4		②		1			54						
5		③		1			55						
6		④		1			56						
7		⑤		1			57						
8		⑥		1			58						
9		⑦		1			59						
10		⑧		1			60						
11		⑨		1			61						
12		⑩		1			62						
13		⑪		1			63						
14							64						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		1								
TOTAL DEP.	12	←	12	←	12	←							
TOTAL CLAIMS	13		13		13								